

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10822117

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8		7				
9	1					
10						
11						
12						
13						
14						
15						
16		7				
17	1					
18						
19						
20						
21						
22						
23						
24		7				
25	1					
26						
27						
28						
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31						
32		7				
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42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	52					
TOTAL CLAIMS	56					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						